

INDIVIDUAL RIGHTS FOR PLAN FOR EMPLOYMENT

1. **Joint Approval of the Plan for Employment:**

I understand that my plan for employment is jointly approved by my counselor and me based on my long term employment goal. My plan identifies my service needs and accommodations for my limitations. My counselor must discuss the plan with me and answer any questions.

2. **Plan for Employment Content:**

I understand that DVR can assist with the development of my plan. I have the right to choose the start dates, types of services, service providers, and methods of payment that will be a part of my plan to reach my employment goal. My plan identifies how my progress toward the employment goal will be measured. A place for my comments is part of the plan. I understand that if I do not make satisfactory progress DVR support may be re-evaluated. Before substantial changes are made to my plan, I will have a chance to discuss them with my counselor, and I must agree before the plan is changed. I understand that I should be offered services in the least restrictive and most integrated setting. If this does not occur, I may exercise my right to have this explained.

3. **Annual Review of Plan for Employment:**

I understand that my counselor and I must review my plan for employment at least annually to make sure services are appropriate and I am making satisfactory progress in achieving my goal.

4. **Changes to Your Employment Plan:**

My plan may change if my situation changes. The kinds of things that may require my plan to be changed include: insufficient available funds, training is not available at the school or facility I prefer, other limited enrollment activities are not available, or I am not making expected progress.

5. **Consumer Responsibility:**

I understand that it is my responsibility to make my plan successful. I will attend scheduled appointments or call ahead if it is necessary to cancel an appointment. My counselor or teacher will follow the same practice. I will always notify DVR if my address or phone number changes. I know that if DVR is unable to contact me, they cannot help me.

6. Appeal Rights:

I understand that if I disagree with a counselor decision, I have the right to request a review of the decision. I may request an “informal review” with a DVR supervisor or a formal hearing conducted by an Impartial Hearing Officer, or I may request both.

7. How to Request an Informal Review, Including Mediation:

I understand that to request an informal review I should telephone or write a letter to the District Director of the DVR Office where I receive services.

8. How to Request a Hearing:

I understand that to request a formal hearing I must write a letter to the DVR Hearing Coordinator and that I can get that address by calling any DVR office or the Client Assistance Program. I understand that the Impartial Hearing Officer does not work for DVR. In my letter I must state the issue and what other decision, outcome or action I want made. I understand that if I cannot prepare my request by myself, the Client Assistance Program will help me. After my letter is received, I understand that DVR will send me information on what will happen at my hearing. An Impartial Hearing Officer will conduct the meeting within 60 days of the date my request is received, unless a time extension is requested for a good reason. The Impartial Hearing Officer will consider all information discussed at the hearing and will make a decision. I understand that DVR cannot suspend, reduce or stop my services until there is a final decision.

9. Client Assistance Program:

I have the right to use the services of the Client Assistance Program (CAP) which is not part of DVR. I understand that CAP can explain DVR policies and procedures to me and can inform me of my rights and responsibilities as a DVR consumer. I understand that CAP can assist me with problems regarding my plan for employment and services. CAP can also explain the appeal process. CAP can also help me present issues and assist me in presenting the issues throughout the entire appeal.

I understand that I can call CAP toll-free at (800) 362-1290 (Voice/TTY) or write to CAP at:

Client Assistance Program
2811 Agriculture Drive
PO Box 8911
Madison, WI 53708-8911

DWD is an equal opportunity employer and service provider. If you have a disability and need to access this information in an alternate format, or need it translated to another language, please contact 800-442-3477 or 888-877-5939 (TTY).